

(See Database Explanation document)

Outpatient Physical Therapy and Occupational Therapy Services										
							Provider Type 40*		Provider Types 60,61,62,64,72	
							Codes are to be billed with the appropriate revenue codes: PT: 042x OT: 043x		Codes are to be billed with the following revenue codes: PT: 0420, 0424, 0429 OT: 0430, 0434, 0439	
HCPDS CODE	REQUIRED MODIFIER	CODE DESCRIPTION	STATUS CODE	PROVIDER TYPE	MAXIMUM FEE for Provider Types 60,61,62,64,72	AGE LIMITS	LIMITS	PA	APPROVED THERAPIST	PA REQUIREMENTS
92526		ORAL FUNCTION THERAPY	A	40,60,61,62,64,72	\$47.58	000-099	36 PER 3 MONTHS	N	OT	Every 2 calendar months
95851		RANGE OF MOTION MEASUREMENTS	A	40,60,61,62,64,72	\$11.41	000-099		N	OT/PT	Every 2 calendar months
95852		RANGE OF MOTION MEASUREMENTS	A	40,60,61,62,64,72	\$8.18	000-099		N	OT/PT	Every 2 calendar months
97001		PT EVALUATION	A	40,60,61,62,64,72	\$43.06	000-099	2 PER YEAR	N	PT	2 Per Year without PA
97002		PT RE-EVALUATION	A	40,60,61,62,64,72	\$22.82	000-099	2 PER YEAR	N	PT	2 Per Year without PA
97003		OT EVALUATION	A	40,60,61,62,64,72	\$46.07	000-099	2 PER YEAR	N	OT	2 Per Year without PA
97004		OT RE-EVALUATION	A	40,60,61,62,64,72	\$27.77	000-099	2 PER YEAR	N	OT	2 Per Year without PA
97012		MECHANICAL TRACTION THERAPY	A	40,60,61,62,64,72	\$8.40	000-099	36 SESSIONS PER 3 MONTHS	N	PT	Every 2 calendar months
97014		ELECTRIC STIMULATION THERAPY	A	40,60,61,62,64,72	\$8.18	000-099	36 SESSIONS PER 3 MONTHS	N	PT	Every 2 calendar months
97016		VASOPNEUMATIC DEVICE THERAPY	A	40,60,61,62,64,72	\$7.97	000-099	36 SESSIONS PER 3 MONTHS	N	OT/PT	Every 2 calendar months
97018	GO GP	PARAFFIN BATH THERAPY	A	40,60,61,62,64,72	\$3.66	000-099	36 SESSIONS PER 3 MONTHS	N	OT/PT	Every 2 calendar months
97022	GO GP	WHIRLPOOL THERAPY	A	40,60,61,62,64,72	\$8.40	000-099	36 SESSIONS PER 3 MONTHS	N	OT/PT	Every 2 calendar months
97024		DIATHERMY EG, MICROWAVE	A	40,60,61,62,64,72	\$3.01	000-099	36 SESSIONS PER 3 MONTHS	N	PT	Every 2 calendar months
97026		INFRARED THERAPY	A	40,60,61,62,64,72	\$2.80	000-099	36 SESSIONS PER 3 MONTHS	N	PT	Every 2 calendar months
97028		ULTRAVIOLET THERAPY	A	40,60,61,62,64,72	\$3.44	000-099	36 SESSIONS PER 3 MONTHS	N	PT	Every 2 calendar months
97032	GO GP	ELECTRICAL STIMULATION	A	40,60,61,62,64,72	\$9.04	000-099	36 SESSIONS PER 3 MONTHS	N	OT/PT	Every 2 calendar months
97033		ELECTRIC CURRENT THERAPY	A	40,60,61,62,64,72	\$11.63	000-099	36 SESSIONS PER 3 MONTHS	N	PT	Every 2 calendar months
97034		CONTRAST BATH THERAPY	A	40,60,61,62,64,72	\$7.97	000-099	36 SESSIONS PER 3 MONTHS	N	OT/PT	Every 2 calendar months
97035	GO GP	ULTRASOUND THERAPY	A	40,60,61,62,64,72	\$6.89	000-099	36 SESSIONS PER 3 MONTHS	N	OT/PT	Every 2 calendar months
97036		HYDROTHERAPY	A	40,60,61,62,64,72	\$13.13	000-099	36 SESSIONS PER 3 MONTHS	N	PT	Every 2 calendar months
97039		PHYSICAL THERAPY TREATMENT	A	40,60,61,62,64,72	\$6.67	000-099	36 SESSIONS PER 3 MONTHS	N	PT	Every 2 calendar months
97110	GO GP	THERAPEUTIC EXERCISES	A	40,60,61,62,64,72	\$15.93	000-099	36 SESSIONS PER 3 MONTHS	N	OT/PT	Every 2 calendar months
97112	GO GP	NEUROMUSCULAR REEDUCATION	A	40,60,61,62,64,72	\$16.79	000-099	36 SESSIONS PER 3 MONTHS	N	OT/PT	Every 2 calendar months
97116	GO GP	GAIT TRAINING THERAPY	A	40,60,61,62,64,72	\$13.99	000-099	36 SESSIONS PER 3 MONTHS	N	OT/PT	Every 2 calendar months
97124	GO GP	MASSAGE THERAPY	A	40,60,61,62,64,72	\$12.70	000-099	36 SESSIONS PER 3 MONTHS	N	OT/PT	Every 2 calendar months
97139	GO GP	PHYSICAL MEDICINE PROCEDURE	A	40,60,61,62,64,72	\$9.04	000-099	36 SESSIONS PER 3 MONTHS	N	OT/PT	Every 2 calendar months
97140	GO GP	MANUAL THERAPY	A	40,60,61,62,64,72	\$14.86	000-099	36 SESSIONS PER 3 MONTHS	N	OT/PT	Every 2 calendar months
97530	GO GP	THERAPEUTIC ACTIVITIES	A	40,60,61,62,64,72	\$16.58	000-099	36 SESSIONS PER 3 MONTHS	N	OT/PT	Every 2 calendar months
97532		COGNITIVE SKILLS DEVELOPMENT	A	40,60,61,62,64,72	\$13.99	000-099	36 SESSIONS PER 3 MONTHS	N	OT	Every 2 calendar months
97533		SENSORY INTEGRATION	A	40,60,61,62,64,72	\$14.86	000-099	36 SESSIONS PER 3 MONTHS	N	OT	Every 2 calendar months
97535	GO GP	SELF CARE MNGMENT TRAINING	A	40,60,61,62,64,72	\$17.01	000-099	36 SESSIONS PER 3 MONTHS	N	OT/PT	Every 2 calendar months
97542	GO GP	WHEELCHAIR MNGMENT TRAINING	A	40,60,61,62,64,72	\$15.93	000-099	36 SESSIONS PER 3 MONTHS	N	OT/PT	Every 2 calendar months
97760	GO GP	ORTHOTIC MGMT AND TRAINING	A	40,60,61,62,64,72	\$17.65	000-099	36 SESSIONS PER 3 MONTHS	N	OT/PT	Every 2 calendar months
97761	GO GP	PROSTHETIC TRAINING	A	40,60,61,62,64,72	\$16.15	000-099	36 SESSIONS PER 3 MONTHS	N	OT/PT	Every 2 calendar months
97762	GO GP	C/O FOR ORTHOTIC/PROSTH USE	A	40,60,61,62,64,72	\$14.86	000-099	4 SESSIONS PER YEAR	N	OT/PT	4 per year without PA
97799	GO GP	PHYSICAL MEDICINE PROCEDURE	M	40,60,61,62,64,72	\$0.01	000-099		Y	OT/PT	Every 2 calendar months
G9041		LOW VISION REHAB OCCUPATIONA	A	40,60,61,62,64,72	\$16.79	000-099	36 SESSIONS PER 3 MONTHS	N	OT	Every 2 calendar months

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\*See OPPTS information for reimbursement related to provider type 40.

(See Database Explanation document)

## Outpatient Speech Therapy Services

							Provider Type 40*		Provider Types 60,61,62,64,72	
							Codes are to be billed with the appropriate revenue codes: ST: 044x		Codes are to be billed with the following revenue codes: ST: 0440, 0443, 0444, 0449	
HCPCS CODE	REQUIRED MODIFIER	CODE DESCRIPTION	STATUS CODE	PROVIDER TYPE	MAXIMUM FEE for Provider Types 60,61,62,64,72	AGE LIMITS	LIMITS	PA	APPROVED THERAPIST	PA REQUIREMENTS
31579		DIAGNOSTIC LARYNGOSCOPY	A	40	\$0.00	000-099		N		Not Covered
92506		SPEECH/HEARING EVALUATION	A	40,60,61,62,64,72	\$75.14	000-099	2 PER YEAR	N	ST	2 Per Year without PA
92507		SPEECH/HEARING THERAPY	A	40,60,61,62,64,72	\$35.52	000-099	36 PER 3 MONTHS	N	ST	Every 2 calendar months
92508		SPEECH/HEARING THERAPY	A	40,60,61,62,64,72	\$16.79	000-099	36 PER 3 MONTHS	N	ST	Every 2 calendar months
92520		LARYNGEAL FUNCTION STUDIES	A	40	\$0.00	000-099		N		Not Covered
92526		ORAL FUNCTION THERAPY	A	40,60,61,62,64,72	\$47.58	000-099	36 PER 3 MONTHS	N	ST	Every 2 calendar months
92597		ORAL SPEECH DEVICE EVAL	A	40,60,61,62,64,72	\$55.55	000-099	1 PER 3 YEARS	N	ST	Every 2 calendar months
92601		COCHLEAR IMPLT F/UP EXAM < 7	A	40	\$0.00	000-006	1 PER YEAR	N		Not Covered
92602		REPROGRAM COCHLEAR IMPLT < 7	A	40	\$0.00	000-006	2 PER YEAR	N		Not Covered
92603		COCHLEAR IMPLT F/UP EXAM 7 >	A	40	\$0.00	007-099	1 PER YEAR	N		Not Covered
92604		REPROGRAM COCHLEAR IMPLT 7 >	A	40	\$0.00	007-099	2 PER YEAR	N		Not Covered
92607		EX FOR SPEECH DEVICE RX, 1HR	A	40	\$0.00	000-099	1 PER 3 YEARS	N		Not Covered
92608		EX FOR SPEECH DEVICE RX ADDL	A	40	\$0.00	000-099	10 PER 3 YEARS	N		Not Covered
92609		USE OF SPEECH DEVICE SERVICE	A	40	\$0.00	000-099	2 PER YEAR	N		Not Covered
92610		EVALUATE SWALLOWING FUNCTION	A	40,60,61,62,64,72	\$75.79	000-099	4 PER YEAR	N	ST	4 Per Year without PA
92626		EVAL AUD REHAB STATUS	A	40	\$0.00	000-099	2 PER YEAR	N		Not Covered
92627		EVAL AUD STATUS REHAB ADD-ON	A	40	\$0.00	000-099	2 PER YEAR	N		Not Covered
92630		AUD REHAB PRE-LING HEAR LOSS	A	40	\$0.00	000-099	36 PER 3 MONTHS	N		Not Covered
92633		AUD REHAB POSTLING HEAR LOSS	A	40	\$0.00	000-099	36 PER 3 MONTHS	N		Not Covered
92700		ENT PROCEDURE/SERVICE	M	40	\$0.00	000-999		Y		Not Covered
94010		BREATHING CAPACITY TEST	A	40	\$0.00	000-099		N		Not Covered
97532		COGNITIVE SKILLS DEVELOPMENT	A	40	\$0.00	000-099		N		Not Covered
97533		SENSORY INTEGRATION	A	40	\$0.00	000-099		N		Not Covered
97799		PHYSICAL MEDICINE PROCEDURE	M	40	\$0.00	000-099		Y		Not Covered
S9152		SPEECH THERAPY, RE-EVAL	A	40,60,61,62,64,72	\$39.82	000-099	2 PER YEAR	N	ST	2 Per Year without PA